## Image# 10991226278 **FEC FORM 2** STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)  M Scott Murphy  (b) Address (number and street)  G15 Glen Street  (c) City, State and ZIP Code Glens Falls  NY  12801  Check if address changed  H0NY20079  3. Is This Statement  New Statement  (N)  OR  X  Am (A)  4. Party Affiliation DEMOCRATIC PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	nended
(b) Address (number and street)  Check if address changed  Check if ad	
615 Glen Street  (c) City, State and ZIP Code Glens Falls  NY  12801  3. Is This Statement New Statement (N)  OR  X  Am  (A)  4. Party Affiliation DEMOCRATIC PARTY  House  6. State & District of Candidate NY  20	
Glens Falls  NY  12801  Statement (N)  OR  X (A)  4. Party Affiliation DEMOCRATIC PARTY House  NY  20	
4. Party Affiliation DEMOCRATIC PARTY  DEMOCRATIC PARTY  DEMOCRATIC PARTY  DEMOCRATIC PARTY  DEMOCRATIC PARTY  DEMOCRATIC PARTY  12801  6. State & District of Candidate  NY 20	
DEMOCRATIC PARTY House NY 20	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
DESIGNATION OF FRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).	
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full)	
Scott Murphy for Congress	
(b) Address (number and street)	
5 South Side Dr. #224	
(c) City, State and ZIP Code	
Clifton Park NY 12065	
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Jared Polis Majority Fund  (b) Address (number and street)	
(b) Address (number and street)	
PO Box 1174	
(c) City, State and ZIP Code	
Springfield VA 22151	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.	
Signature of Candidate Date	
M Scott Murphy 09/25/2010	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§	437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2 (Rev. 02/2003)

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Upstate Victory 2010

(b) Address (number and street)

PO Box 1174

(c) City, State and ZIP Code

Springfield 22151

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

22151

(a) Name of Committee (in full)

Scott Murphy New York Victory Fund 2010

(b) Address (number and street)

PO Box 1174

(c) City, State and ZIP Code

Springfield